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Date: January 11, 2002

Docket No.: 0171-0809P-SP

Assistant Commissioner for Patents Box PATENT APPLICATION Washington, D.C. 20231

Sir:

Transmitted herewith for filing is the patent application of

For: NON-ASBESTOS FRICTION MATERIALS

Enclosed are:

1X	A specification consisting of $\underline{14}$ pages								
	sheet(s) of drawings								
<u>√x</u>	An assignment of the invention - \$40.00 Recording Fee								
<u> </u>	Certified copy of Priority Document(s)								
_ <u>X_</u> \	Executed Declaration X Original Photocopy								
	Applicant claims small entity status in accordance with 37 CFR 1.27								
	Application Data Sheet in accordance with 37 C.F.R. 1.76								

FOR NO. FILED NO. EXTRA RATE FEE *********** ****** ***** ***** ****			nt requests e		as show	n below:		SMALL E	NTITY
BASIC FEE		FOR	NO. FILED	NO. EXTRA					
TOTAL 9 - 20 = 0 x18 =\$ 0.00 or x 9 = \$ 0.00 INDEPENDENT 2 - 3 = 0 x84 =\$ 0.00 or x 42 = \$ 0.00 MULTIPLE DEPENDENT CLAIM PRESENTED no +280 = \$ 0.00 or +140 = \$ 0.00 X A check in the amount of \$ 780.00 to cover the filing fee and recording fee (if applicable) is enclosed. Please charge Deposit Account No. 02-2448 in the amount of \$ 100 cover the filing fee and recording fee (if applicable) is enclosed.		BASIC FEE	*****	*****	****	\$740.00	or	***	\$370.00
INDEPENDENT 2 - 3 = 0 x84 =\$ 0.00 or x 42 = \$ 0.00 MULTIPLE DEPENDENT CLAIM PRESENTED no +280 = \$ 0.00 or +140 = \$ 0.00 X A check in the amount of \$ 780.00 to cover the filing fee and recording fee (if applicable) is enclosed. Please charge Deposit Account No. 02-2448 in the amount of \$ 100 cover the filing fee and recording fee (if applicable) is enclosed.	tuar saar		9 - 20 =	0	x18 =\$	0.00	or	x 9 =	\$ 0.00
MULTIPLE DEPENDENT CLAIM PRESENTED TOTAL \$ 740.00 or +140 = \$ 0.00 X A check in the amount of \$ 780.00 to cover the filing fee and recording fee (if applicable) is enclosed. Please charge Deposit Account No. 02-2448 in the amount of \$ 100.00 to cover the filing fee and recording fee (if applicable) is enclosed.	Lo Ji	INDEPENDENT	2 - 3 =	0	x84 =\$	0.00	or	x 42 =	\$ 0.00
TOTAL \$ 740.00 TOTAL \$ 0.00 X A check in the amount of \$ 780.00 to cover the filing fee and recording fee (if applicable) is enclosed. Please charge Deposit Account No. 02-2448 in the amount of \$ 100.00 to cover the filing fee and recording fee (if applicable) is enclosed.			+280 =	\$ 0.00	or	+140 =	\$ 0.00		
recording fee (if applicable) is enclosed. Please charge Deposit Account No. 02-2448 in the amount of \$ A triplicate copy of this transmittal form is enclosed.	nesi:	,			rotal \$	740.00		TOTAL	\$ 0.00
\$ A triplicate copy of this transmittal form is enclosed.							the	e filing	fee and
No fee is enclosed.	-	\$	A trip						
	-	No fee	is enclosed.						
Please send correspondence to:		P.	lease send co	orrespondenc	ce to:				

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Falls Church, VA 22040-0747 Telephone: (703) 205-8000 If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted,

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